COMMONWEALTH OF VIRGINIA DEPARTMENT OF HISTORIC RESOURCES

STATE HISTORIC REHABILITATION TAX CREDIT PROGRAM HISTORIC PRESERVATION CERTIFICATION APPLICATION PART 1 - EVALUATION OF SIGNIFICANCE

| DHR Project No: | |
|-----------------|--|
|-----------------|--|

Instructions: Read the instructions carefully before completing application. No certification will be made unless a completed application form has been received. Type or print clearly in black ink. If additional space is needed, use continuation sheets or attach blank sheets. Please note that for properties listed individually in the Virginia Landmarks Register, Evaluation of Significance is not required; however, for all properties the first page of this form is to be used to request state credits, for projects for which application is made for both state and federal credits.

| 1. | Name of property: | | | | | | |
|----|---|-------------------------|--|---|--|--|--|
| | Address of property | Street: | Street: | | | | |
| | | City: | County: | State: VA Zip: | | | |
| | Name of historic dis | strict: | | | | | |
| 2. | Check nature of request: | | | | | | |
| | Certification that the building contributes to the significance of the above-named historic district for the purpose of rehabilitation. | | | | | | |
| | ☐ Prelin | ninary determination fo | or individual listing in the Virginia Landmark | | | | |
| | Prelin the dis | | nat a building outside the period or area of sig | snificance contributes to the significance of | | | |
| 3. | Project contact: | | | | | | |
| | Name: | | | | | | |
| | Street: | | | City: | | | |
| | State: | Zip | Daytime Telephone Number: | | | | |
| 4. | Owner | | | | | | |
| | Name: | | Signature: | Date: | | | |
| | Organization: | | | | | | |
| | Social Security or Taxpayer Identification Number: | | | | | | |
| | Street: | | | City: | | | |
| | State: | Zip | Daytime Telephone Number: | | | | |

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HISTORIC PRESERVATION CERTIFICATION APPLICATION PART 1 - EVALUATION OF SIGNIFICANCE

| Proj | perty Name | | | | | |
|------------------|--------------------------------|----------------|------|----------------|------------------|--|
| Property Address | | | | | DHR Project No.: | |
| 5. | Description of physical appea | | | | | |
| | | | | | | |
| | | | 9 | | | |
| | | | | | | |
| | | | | | | |
| | Has building been moved? | □ yes | □ no | If so, when? _ | | |
| 6. | Statement of significance: | | | | | |
| 7. | Photographs and maps: | | | | | |
| | Attach photographs and maps t | o application. | | | | |
| Are co | ontinuation sheets attached? ? | □ yes | □ no | | | |

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